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FACSIMILE TRANSMISSION COVER SHEET

Date: June 15, 2004

To: United States Patent and Trademark Office
Examiner: Briney III, Walter F., Art Unit: 2644

Fax: (703) 872-9306

Re: Application Serial No.: 10/016,194
Filing Date: 11/2/2001; Inventor(s): Ketankumar B. Patel
Attorney Docket No.: 01CON231P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 18

Message:

Enclosed please find the Amendment and Response to the Office Action dated February 20, 2004. Payment for the First Month Extension Fee in the amount of \$110.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 01CON231P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Patel, Ketankumar B.SERIAL NO.: 10/016,194 FILED: November 2, 2001FOR: Circuit for Reducing Voltage Peak in Interfacing with a Telephone LineHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

<input checked="" type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

TOTAL EXTENSION FEE \$ 110.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	21	MINUS **21	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 86	x 43	\$

First presentation of multiple dependent claim

+ 290	+ 145	\$
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TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 01CON231P

Total fee for Supplemental Information Disclosure Statement \$

Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-0731 in the amount of \$

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 6/15/04

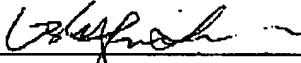
By:


Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Typed or Printed Name of Person Mailing Paper and/or Fee